

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021629

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2558 Registrar's No. 2558

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Newberry Nursing Home		Length of stay in lb 50 yrs	
d. STREET ADDRESS 7137 Pennsylvania		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First S. Middle BOONIE Last PERKINS			4. DATE OF DEATH Month May Day 20 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-11-1865
9. AGE (In years and birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Randolph County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Henry Jackson	
13b. MOTHER'S MAIDEN NAME Nancy Bradley		14. NAME OF HUSBAND OR WIFE H. Clay Perkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Geo. L. McCormac, 7137 Pennsylvania, Address Kansas City, Mo.
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Staphylococcal Cellulitis DUE TO (b) Staphylococcal Infection DUE TO (c) Senility & Debilitation 0531 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Influenza followed by Guillain-Barre Syndrome March 1959			INTERVAL BETWEEN ONSET AND DEATH 2 mths - 2 mths
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3-2-59 to 5-20-59 and last saw her alive on 5-19-59 Death occurred at 2:18 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl R. Ferris M.D. (Degree or title)		22b. ADDRESS 535 Angyle Bldg. Kansas City 6 Missouri	
22c. DATE SIGNED 5-20-59		23a. BURIAL, CREMATION, RECOVERY (Specify) Removal	
23b. DATE 5-22-59		23c. NAME OF CEMETERY OR CREMATORY Huntsville, Missouri	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, Kansas City, Mo.	
25. DATE RECD. BY LOCAL REG. 5-22-59		26. REGISTRAR'S SIGNATURE Neva Minshall	

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Carl R. Ferris
All diseases in Part I must be causally related.

VIRGYLE BLDG.
V. 2-8227

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clayton K. Barnes*

Licensed Embalmer No. *4793*
P. O. Address *K. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.